

REGISTRATION FORM

Three ways to Register

- 1 Register online at our Web site:
www.networkforahealthycalifornia.net/2008conference
- 2 Fax this completed form to: 916-443-2037
- 3 Complete this form and mail

Please provide your name as you would like it to appear on your nametag:

NAME _____
TITLE _____
ORGANIZATION _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
FAX _____
EMAIL _____

Do you have any special dietary needs? Check all that apply.

- Vegetarian
- Other, please specify _____

Other Special Needs (Please indicate no later than Jan. 8, 2008)

- Wheelchair Accessible
- Other, please specify _____

Optional Pre-Conference Networking Meetings: 1/22/08

- Early Childhood (1:00 – 5:00pm)
- Health Department (10:00am – 4:00pm)
- School Networking (12:30 – 5:00pm)
- Network Steering Committee (4:00 – 5:30pm)

Optional Post-Conference Workshops

(Space is limited): 1/24/08

- Impact Evaluation (12:30 – 4:30pm)
- Look and Feel (12:30 – 3:30pm)
- Youth Empowerment II (12:30 – 4:30pm)

There is no additional charge for pre/post meetings and workshops.

Display Requests

- Please check this box if you would like to have a table-top display at the conference. A limited number of spaces are available for displays that are consistent with the objectives of the conference. Should your display be accepted, you will be given set-up parameters by December 21st.

Cancellations

Cancellations received in writing by January 8, 2008 are subject to a \$25 fee. After January 8, 2008, substitutions will be accepted but refunds will not be provided. No-shows will be billed the full registration fee.

Western Region Meetings

- I will be attending the EARS meeting (1/22/08)
- I will be attending the Western Region Cross-Program Nutrition Education Meeting (1/24-25/08)

These meetings are free of charge, but registration is by invitation only.

Continuing Education

I would like to receive continuing education units for:

- Registered Dietician
- Dietetic Technician
- Certified Health Education Specialist
- Continuing Medical Education

Please provide:

CERTIFICATION NUMBER _____

Method of Payment

(You must select a payment option and agree to accept the terms below in order to register.)

NOTICE: This is a binding agreement which reserves enrollment space in the *Network for a Healthy California* Conference for the person listed. Upon receipt of this form the *Network* will consider the person formally enrolled in the conference and liable for any costs incurred for collection of fees.

- Yes, I accept the terms listed above

Please select registration category:

- Registration.....\$165
- Late Registration (after Jan. 8, 2008).....\$195

Please select your payment option:

- Check Enclosed (payable to RDL/Network Conference)
- Purchase Order (Complete PO Info below)

PO NUMBER _____

CONTACT NAME _____

CONTACT PHONE _____

- Charge my Credit Card (AmEx, Visa, MC, Discover)

***NOTE: Charge will post as "RDL enterprises"

CARD NUMBER/EXP DATE _____

CARDHOLDER NAME _____

BILLING ADDRESS _____

CARDHOLDER SIGNATURE AUTHORIZING PAYMENT OF FEES _____

Mail payment and completed registration to:

Network for a Healthy California

c/o RDL enterprises

2300 N Street, Suite 3

Sacramento, CA 95816

Phone (916) 443-0218 Fax (916) 443-2037